

Report Year:

2010

10831

Goleta Valley Cottage Hospital

Santa Barbara

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

10831

Facility Name:

Goleta Valley Cottage Hospital

Address:

351 South Patterson Avenue

City:

Santa Barbara

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Hospital Owner/Licensee:

Cottage Health System; Sole Corporate Member

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Brooks Larson

Submission Date:

1/18/2011 9:39:14 AM

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Report Year:

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Hospital and Addition	351 South Patterson Avenue	Remove	N/A	01/01/2013	10/14/2013
02	Maintenance Shop / Oxygen Storage	351 South Patterson Avenue	Remove	N/A	01/01/2013	10/14/2013
04	Mechanical Yard	351 South Patterson Avenue	Remove	N/A	01/01/2013	10/14/2013

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Santa Barbara

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Report Status: **Data Last Update:** 01/18/2011

**Submission Date:** 01/18/2011

**Print Date:** 1/19/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Hospital and Addition

**Type of Service Provided**
☒ Nursing Inpatient Beds 46 Inpatient Days 3313

☒ IntensiveCare Inpatient Beds 11 Inpatient Days 784

☐ Pediatric/Adolescent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postpartum Inpatient Beds 10 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 55 Inpatient Days 11272

Total Beds this Building 122

☒ Surgical

☐ Obstetrical Recovery

☒ Anesthesia

☐ Newborn/WellBaby

☒ Clinical Lab

☒ Emergency

☒ Radiological/Imaging

☒ Nuclear Medicine

☒ Pharmaceutical

☒ Dietetic

☒ Rehabilitation Therapy

☒ Administration

☐ Renal Dialysis

☒ Support Services

☒ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☒ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: Maintenance Shop / Oxygen Storage

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/  
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/  
Imaging

☐ Nuclear  
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation  
Therapy

☐ Administration

☐ Renal Dialysis

☒ Support  
Services

☐ Outpatient  
Surgery

☐ Obstetrical  
Cesarean/Deliv

☒ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 04

Building Name: Mechanical Yard

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/  
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/  
Imaging

☐ Nuclear  
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation  
Therapy

☐ Administration

☐ Renal Dialysis

☒ Support  
Services

☐ Outpatient  
Surgery

☐ Obstetrical  
Cesarean/Deliv

☒ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Hospital and Addition

**Medical / Surgical (Include GYN)**Inpatient  
Bed 46Inpatient  
Days 3313**Acute Respiratory Care**Inpatient  
Bed 0Inpatient  
Days 0**Acute Psychiatric**Inpatient  
Bed 0Inpatient  
Days 0**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed 10Inpatient  
Days 0**Burn**Inpatient  
Bed 0Inpatient  
Days 0**Skilled Nursing**Inpatient  
Bed 55Inpatient  
Days 1127  
2**Pediatric**Inpatient  
Bed 0Inpatient  
Days 0**intensive Care Newborn  
Nursery**Inpatient  
Bed 0Inpatient  
Days 0**Intermediate Card**Inpatient  
Bed 0Inpatient  
Days 0**Intensive Care**Inpatient  
Bed 11Inpatient  
Days 784**Rehabilitation  
Center**Inpatient  
Bed 0Inpatient  
Days 0**Int. Care / development  
Disabled**Inpatient  
Bed 0Inpatient  
Days 0**Coronary Care**Inpatient  
Bed 0Inpatient  
Days 0**Chemical  
Dependency**Inpatient  
Bed 0Inpatient  
Days 0**Total Beds this  
Building Per  
Unit**

122

**Total Beds this  
Building Per  
Service**

122

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02

Building Name: Maintenance Shop / Oxygen Storage

**Medical / Surgical (Include GYN)**

Inpatient Bed 0 Inpatient Days 0

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 0 Inpatient Days 0

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 0 Inpatient Days 0

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 0 Inpatient Days 0

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 0 Inpatient Days 0

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

0

**Total Beds this Building Per Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 04

Building Name: Mechanical Yard

**Medical / Surgical (Include GYN)**

Inpatient Bed 0 Inpatient Days 0

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 0 Inpatient Days 0

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 0 Inpatient Days 0

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 0 Inpatient Days 0

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 0 Inpatient Days 0

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

0

**Total Beds this Building Per Service**

0

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Hospital and Addition	<input checked="" type="checkbox"/>
02	Maintenance Shop / Oxygen Storage	<input checked="" type="checkbox"/>
03	Emergency Power System Building	<input checked="" type="checkbox"/>
04	Mechanical Yard	<input checked="" type="checkbox"/>

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Santa Barbara

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List ALL proposed new buildings to be constructd at this or another site.

Building  
Number

Building Name

New  
Site

N\_1

52 Bed Replacement Hospital

☐

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

01

Building  
Name:

Hospital and Addition

Year of  
Information:

2008

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

☒ Nursing Inpatient Beds 46

☒ IntensiveCare Inpatient Beds 11

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☒ Obstetrical Inpatient  
Ante/Postprtum Beds 10

☐ Intermediate Inpatient  
Care Beds 0

☒ Skilled Nursing Inpatient  
Beds 55

Total Beds this  
Building 122

☒ Surgical

☒ Anesthesia

☒ Clinical Lab

☒ Radiological/  
Imaging

☒ Pharmaceutical

☒ Dietetic

☒ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☒ Emergency

☒ Nuclear  
Medicine

☒ Rehabilitation  
Therapy

☐ Renal Dialysis

☒ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

01

Building  
Name:

Hospital and Addition

Year of  
Information:

2009

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="46"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="11"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="10"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="55"/>
	Total Beds this Building	<input type="text" value="122"/>

<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Anesthesia		
<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

01

Building  
Name:

Hospital and Addition

Year of  
Information:

2010

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="46"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="11"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="10"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="55"/>
	Total Beds this Building	<input type="text" value="122"/>

<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Anesthesia		
<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

02

Building  
Name:

Maintenance Shop / Oxygen Storage

Year of  
Information:

2008

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

☐ Nursing Inpatient Beds 
☐ IntensiveCare Inpatient Beds 
☐ Pediatric/Adol  
escent Inpatient Beds 
☐ Psychiatric  
Nursing Inpatient Beds 
☐ Obstetrical  
Ante/Postprtum Inpatient Beds 
☐ Intermediate  
Care Inpatient Beds 
☐ Skilled Nursing Inpatient Beds 

 Total Beds this  
Building 
☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

02

Building  
Name:

Maintenance Shop / Oxygen Storage

Year of  
Information:

2009

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☐ Skilled Nursing Inpatient  
Beds 0

Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

02

Building  
Name:

Maintenance Shop / Oxygen Storage

Year of  
Information:

2010

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

☐ Nursing

Inpatient  
Beds

0

☐ IntensiveCare

Inpatient  
Beds

0

☐ Pediatric/Adol  
escent

Inpatient  
Beds

0

☐ Psychiatric  
Nursing

Inpatient  
Beds

0

☐ Obstetrical  
Ante/Postprtum

Inpatient  
Beds

0

☐ Intermediate  
Care

Inpatient  
Beds

0

☐ Skilled Nursing

Inpatient  
Beds

0

Total Beds this  
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐

Obstetrical  
Cesarean/Deliv

☐

Obstetrical  
Recovery

☐

Newborn/  
WellBaby

☐

Emergency

☐

Nuclear  
Medicine

☐

Rehabilitation  
Therapy

☐

Renal Dialysis

☐

Outpatient  
Surgery

☒

Central Plant

☒

Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

03

Building  
Name:

Emergency Power System Building

Year of  
Information:

2008

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

☐ Nursing Inpatient Beds 
☐ IntensiveCare Inpatient Beds 
☐ Pediatric/Adol  
escent Inpatient Beds 
☐ Psychiatric  
Nursing Inpatient Beds 
☐ Obstetrical  
Ante/Postprtum Inpatient Beds 
☐ Intermediate  
Care Inpatient Beds 
☐ Skilled Nursing Inpatient Beds 

 Total Beds this  
Building 
☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

03

Building  
Name:

Emergency Power System Building

Year of  
Information:

2009

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☐ Skilled Nursing Inpatient  
Beds 0

Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

03

Building  
Name:

Emergency Power System Building

Year of  
Information:

2010

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

☐

Nursing

Inpatient  
Beds

0

☐

IntensiveCare

Inpatient  
Beds

0

☐

Pediatric/Adol  
escent

Inpatient  
Beds

0

☐

Psychiatric  
Nursing

Inpatient  
Beds

0

☐

Obstetrical  
Ante/Postprtum

Inpatient  
Beds

0

☐

Intermediate  
Care

Inpatient  
Beds

0

☐

Skilled Nursing

Inpatient  
Beds

0

Total Beds this  
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/  
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical  
Cesarean/Deliv

☐

Obstetrical  
Recovery

☐

Newborn/  
WellBaby

☐

Emergency

☐

Nuclear  
Medicine

☐

Rehabilitation  
Therapy

☐

Renal Dialysis

☐

Outpatient  
Surgery

☒

Central Plant

☒

Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

04

Building  
Name:

Mechanical Yard

Year of  
Information:

2008

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

☐

Nursing

Inpatient  
Beds

0

☐

IntensiveCare

Inpatient  
Beds

0

☐

Pediatric/Adol  
escent

Inpatient  
Beds

0

☐

Psychiatric  
Nursing

Inpatient  
Beds

0

☐

Obstetrical  
Ante/Postprtum

Inpatient  
Beds

0

☐

Intermediate  
Care

Inpatient  
Beds

0

☐

Skilled Nursing

Inpatient  
Beds

0

Total Beds this  
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/  
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical  
Cesarean/Deliv

☐

Obstetrical  
Recovery

☐

Newborn/  
WellBaby

☐

Emergency

☐

Nuclear  
Medicine

☐

Rehabilitation  
Therapy

☐

Renal Dialysis

☐

Outpatient  
Surgery

☒

Central Plant

☒

Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

04

Building  
Name:

Mechanical Yard

Year of  
Information:

2009

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☐ Skilled Nursing Inpatient  
Beds 0

Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

04

Building  
Name:

Mechanical Yard

Year of  
Information:

2010

Information Current As  
Of:

01/17/2011

Type of Services  
Provided

☐

Nursing

Inpatient  
Beds

0

☐

IntensiveCare

Inpatient  
Beds

0

☐

Pediatric/Adol  
escent

Inpatient  
Beds

0

☐

Psychiatric  
Nursing

Inpatient  
Beds

0

☐

Obstetrical  
Ante/Postprtum

Inpatient  
Beds

0

☐

Intermediate  
Care

Inpatient  
Beds

0

☐

Skilled Nursing

Inpatient  
Beds

0

Total Beds this  
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/  
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical  
Cesarean/Deliv

☐

Obstetrical  
Recovery

☐

Newborn/  
WellBaby

☐

Emergency

☐

Nuclear  
Medicine

☐

Rehabilitation  
Therapy

☐

Renal Dialysis

☐

Outpatient  
Surgery

☒

Central Plant

☒

Support  
Services

Report whether the general acute care services and beds will be relocated to a new or retrofitted building and any corresponding building sites or project numbers per [Section 130061\(c\)\(2\)\(E\)](#)

Building Number: 01 Building Name: Hospital and Addition

Will general acute care services and beds will be relocated to a new or retrofitted building?

Nursing Relocated to new building

[New Building](#) [Bed Count](#) [RetroFitted Building](#) [Bed Count](#) [Other SPC2-SPC5 Building](#) [Bed Count](#)

N\_1-52 Bed Replacement Hospital 44

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building Number: 01 Building Name: Hospital and Addition

Will general acute care services and beds will be relocated to a new or retrofitted building?

Intensive Care Relocated to new building

[New Building](#) [Bed Count](#) [RetroFitted Building](#) [Bed Count](#) [Other SPC2-SPC5 Building](#) [Bed Count](#)

N\_1-52 Bed Replacement Hospital 8

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building Number: 01 Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Obstetrical Ante Postpartum Removed from hospital services

Building Number: 01 Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Skilled Nursing Removed from hospital services

Building Number: 01 Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Surgical Relocated to new building

[New Building](#) [Bed Count](#) [RetroFitted Building](#) [Bed Count](#) [Other SPC2-SPC5 Building](#) [Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Report Year:

2010

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Goleta Valley Cottage Hospital

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Building  
Number:

01

Building Name:

Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Anesthesia

Relocated to new building

[New Building](#)
[Bed Count](#)
[RetroFitted Building](#)
[Bed Count](#)
[Other SPC2-SPC5 Building](#)
[Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building  
Number:

01

Building Name:

Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

ClinicalLab

Relocated to new building

[New Building](#)
[Bed Count](#)
[RetroFitted Building](#)
[Bed Count](#)
[Other SPC2-SPC5 Building](#)
[Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Report Year:

2010

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Building  
Number:

01

Building Name:

Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Radiological/Imaging

Relocated to new building

[New Building](#)
[Bed Count](#)
[RetroFitted Building](#)
[Bed Count](#)
[Other SPC2-SPC5 Building](#)
[Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building  
Number:

01

Building Name:

Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Pharmaceutical

Relocated to new building

[New Building](#)
[Bed Count](#)
[RetroFitted Building](#)
[Bed Count](#)
[Other SPC2-SPC5 Building](#)
[Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building Number: 01 Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Dietetic Relocated to new building

[New Building](#) [Bed Count](#) [RetroFitted Building](#) [Bed Count](#) [Other SPC2-SPC5 Building](#) [Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building Number: 01 Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Administration Relocated to new building

[New Building](#) [Bed Count](#) [RetroFitted Building](#) [Bed Count](#) [Other SPC2-SPC5 Building](#) [Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Report Year:

2010

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Goleta Valley Cottage Hospital

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Building  
Number:

01

Building Name:

Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Support Services

Relocated to new building

[New Building](#)
[Bed Count](#)
[RetroFitted Building](#)
[Bed Count](#)
[Other SPC2-SPC5 Building](#)
[Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building  
Number:

01

Building Name:

Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Emergency

Relocated to new building

[New Building](#)
[Bed Count](#)
[RetroFitted Building](#)
[Bed Count](#)
[Other SPC2-SPC5 Building](#)
[Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Report Year:

2010

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Building  
Number:

01

Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Nuclear Medicine

Relocated to new building

[New Building](#)
[Bed Count](#)
[RetroFitted Building](#)
[Bed Count](#)
[Other SPC2-SPC5 Building](#)
[Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building  
Number:

01

Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Rehabilitation  
Therapy

Relocated to new building

[New Building](#)
[Bed Count](#)
[RetroFitted Building](#)
[Bed Count](#)
[Other SPC2-SPC5 Building](#)
[Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Report Year:

2010

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Building  
Number:

01

Building Name:

Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

OutpatientSurgery

Relocated to new building

[New Building](#)
[Bed Count](#)
[RetroFitted Building](#)
[Bed Count](#)
[Other SPC2-SPC5 Building](#)
[Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building  
Number:

01

Building Name:

Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

CentralPlant

Relocated to new building

[New Building](#)
[Bed Count](#)
[RetroFitted Building](#)
[Bed Count](#)
[Other SPC2-SPC5 Building](#)
[Bed Count](#)

N\_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Report Year:

2010

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Building  
Number:

01

Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Medical/Surgical  
(Include GYN)

Relocated to new building

New Building      Bed Count      RetroFitted Building      Bed Count      Other SPC2-SPC5 Building      Bed Count

N\_1-52 Bed Replacement Hospital      44

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building  
Number:

01

Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Perinatal (exclude  
Newborn / GYN))

Removed from hospital services

Report Year:

2010

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Building  
Number:

01

Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Intensive Care

Relocated to new building

New Building      Bed Count      RetroFitted Building      Bed Count      Other SPC2-SPC5 Building      Bed Count

N\_1-52 Bed Replacement Hospital      8

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843	0	52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010	11/23/2010	10/14/2013	OPEN

Building  
Number:

01

Building Name: Hospital and Addition

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Skilled Nursing

Removed from hospital services

Building  
Number:

02

Building Name: Maintenance Shop / Oxygen Storage

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Support Services

N/A

Building  
Number:

02

Building Name: Maintenance Shop / Oxygen Storage

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

CentralPlant

N/A

Building  
Number:

03

Building Name: Emergency Power System Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Support Services

N/A

Building  
Number:

03

Building Name: Emergency Power System Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

CentralPlant

N/A

Building  
Number:

04

Building Name: Mechanical Yard

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Support Services

N/A

Report Year:

2010

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Building  
Number:

04

Building Name:

Mechanical Yard

Will general acutr care services and beds will be relocated to a new or retrofitted building?

CentralPlant

N/A

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Hospital and Addition

### Type of Service Provided

☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒Radiological/  
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☒

Emergency

☒Nuclear  
Medicine☒Rehabilitation  
Therapy☐

Renal Dialysis

☒Outpatient  
Surgery☒

Central Plant

☒Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

Maintenance Shop / Oxygen Storage

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☒

Central Plant

☒Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

04

Building Name:

Mechanical Yard

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☒

Central Plant

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Hospital and Addition

Configuration

:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☒

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☒Rehabilitation  
Therapy☒

IntensiveCare

☒

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☒Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postpartum☒

Pharmaceutical

☒

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☒

Dietetic

☒

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☒

Administration

☒

Nuclear Medicine

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Maintenance Shop / Oxygen Storage

Configuration

:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

Emergency Power System Building

Configuration

:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

Mechanical Yard

Configuration

:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 03

Building Name: Emergency Power System Building

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

03

Building Name:

Emergency Power System Building

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0